



**भारतीय लेखापरीक्षा एवं लेखा विभाग**  
**कार्यालय प्रधान महालेखाकार (लेखापरीक्षा), पंजाब**  
**Indian Audit & Accounts Department**  
**Office of the Principal Accountant General (Audit), Punjab**  
**Plot No. 21, Sector 17-E, Chandigarh – 160 017**

O.O. No.PTE/SAS in-house/2025-26/I/1182358/2025

Date: 03-11-2025

**विषय: अधीनस्थ लेखापरीक्षा/लेखा सेवा (एसएसएस) परीक्षा-II, 2025 में सम्मिलित होने हेतु पात्र अभ्यर्थियों से आंतरिक प्रशिक्षण कार्यक्रम हेतु नामांकन आमंत्रित।**

संशोधित पाठ्यक्रम पर आंतरिक प्रशिक्षण कार्यक्रम 19.12.2025 तक आयोजित करने के संबंध में मुख्यालय कार्यालय के दिनांक 27.10.2025 के पत्र में निहित निर्देशों के अनुसरण में, यह निर्णय लिया गया है कि सभी पात्र अभ्यर्थी जो एसएसएस (मुख्य) परीक्षा-II, 2025 में सम्मिलित होना चाहते हैं, वे निर्धारित प्रपत्र (संग्रह) में 06.11.2025 तक इस कार्यालय के पेंशन, प्रशिक्षण एवं परीक्षा प्रकोष्ठ में अपने आवेदन प्रस्तुत कर सकते हैं। अपूर्ण आवेदनों या निर्दिष्ट तिथि के बाद प्राप्त आवेदनों पर विचार नहीं किया जाएगा।

अन्य कार्यालयों में प्रतिनियुक्ति पर कार्यरत इच्छुक अभ्यर्थी अपने आवेदन अपने वर्तमान नियोक्ता के माध्यम से भेजें।

**Subject: - Calling for nominations from eligible candidates for In-house Training Programme eligible to appear in Subordinate Audit/Accounts Service (SAS) Examination-II of 2025.**

In pursuance of the instructions contained in the Headquarters Office communication dated **27.10.2025** regarding the conduct of **in-house training programmes** on the revised syllabus by **19.12.2025**, it has been decided that **All** eligible candidates who intend to appear in the SAS (Mains) Examination-II of 2025 may submit their applications to Pension, Training and Examination Cell of this office in the prescribed proforma (attached) by **06.11.2025 strictly**. Incomplete applications or applications received after the specified date shall not be entertained.

The intending candidates working on deputation in other offices should send their applications through their present employer.

**Reena**

**वरिष्ठ लेखा परीक्षा अधिकारी (PTE)**

**P,T&E/Exam/SAS/2025-26/ I/1182358/2025 दिनांक: 03-11-2025**

**प्रति निम्नलिखित को सूचना एवं आवश्यक कार्यवाही हेतु प्रेषित की जाती है :**

1. प्रधान महालेखाकार के सचिव ।
2. उप महालेखाकार (प्रशासन) के गोपनीय/सहायक ।
3. व.ले.प.अ (मुख्यालय-AMG-I,II,III,IV,V) (प्र-I/प्र-II/प्र-III/ओ.ई.-I/ओ.ई.-II/आर.टी. आई./संपद प्रबंधन कक्ष/हिंदी कक्ष/ पेंशन,प्रशिक्षण व परीक्षा कक्ष/ एस.एफ.सी./ पुस्तकालय अनुभाग/रिपोर्ट्स (सिविल/वाणिज्य/राजस्व)/ई.पी.सी.ए. कक्ष /एल.सी.सी/ पी.टी.सी/Digitalization Cell.

4. व.लेखा परीक्षा अधिकारी (ई. डी. पी. सेल), कृपया कार्यालय आदेश को कार्यालय की वेबसाइट पर उपलब्ध करवाने की तुरंत व्यवस्था करें ।
5. व.ले.प.अ. (प्रशासन-1) से अनुरोध है कि Deputation पर दूसरे कार्यालयों में तैनात अभ्यर्थियों को सूचित करें।
6. स्थानीय लेखा परीक्षा अधिकारी, पी.एस.पी.सी.एल. (पी.एस.ई.बी. मुख्यालय कॉम्प्लेक्स) पटियाला ।
7. कार्यालय आदेश फाईल ।
8. सूचना पट्ट

**Reena**

**Sr. Audit Officer (PTE)**

**OFFICE OF THE PR. ACCOUNTANT GENERAL (AUDIT) PUNJAB, CHANDIGARH**

**APPLICATION FORM OF SUBORDINATE AUDIT SERVICE (SAS) EXAMINATION- II, 2025**

|                           |                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|--|
| <b>Last CBT Index No.</b> |                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 1.                        | Full Name as per Service book<br>(In Block Letters)                                                                                                                 |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 2.                        | Designation                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 3.                        | Date of joining in IA & AD                                                                                                                                          |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 4.                        | Father's Name                                                                                                                                                       |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 5.                        | Date of Birth                                                                                                                                                       |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 6.                        | Gender                                                                                                                                                              |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 7.                        | Category (SC/ST/GEN)                                                                                                                                                |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 8.                        | Office Code                                                                                                                                                         | <b>O/o OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT)<br/>PUNJAB, CHANDIGARH (156)</b> |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 9.                        | Centre of Examination                                                                                                                                               |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 10.                       | Medium of answering the PC-1 Paper                                                                                                                                  |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 11.                       | Medium of answering the PC - 4 Paper                                                                                                                                |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 12.                       | Medium of answering the papers <b>other than</b> PC-1 and PC- 4                                                                                                     |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 13.                       | Branch under which he/she intend to appear (tick your choice)                                                                                                       | <b>Civil Audit</b>                                                                  |  |  |  |  |  |  |  | <b>Commercial Audit</b> |  |  |  |  |  |  |  |  |
| 14.                       | Whether permission to switch over branch has been granted                                                                                                           |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 15.                       | Whether Directly Recruit AAO (Yes/No)                                                                                                                               |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 16.                       | <b>(a) Qualification</b><br>I. Graduate<br>II. Non Graduate                                                                                                         |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 17.                       | <b>(b) Whether</b><br>I. Commerce Graduate<br>II. Non Commerce Graduate                                                                                             |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 18.                       | Current Chance Number                                                                                                                                               |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 19.                       | Particulars of SAS in which last appeared                                                                                                                           |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 20.                       | Exemption claimed on account of Non-SAS Examination                                                                                                                 |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 21.                       | Particulars of ICWA/CA passed.<br>Year of passing/ Index No/Roll No (enclose photocopy thereof)                                                                     |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 22.                       | Whether have completed three years in this office by cutoff date (31.10.2025)                                                                                       |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 23.                       | Whether have completed probation by 31.10.2025                                                                                                                      |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 24.                       | Unique ID allotted by Office                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 25.                       | Mobile No.                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 26.                       | Email I.D                                                                                                                                                           |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 27.                       | PAN Card No. (Copy may also be attached)                                                                                                                            |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |
| 28.                       | If Preparatory training is required, please attach separate application and if already availed mention dates of training(Maximum two preparatory trainings allowed) |                                                                                     |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 29. | Whether person with disability (Yes/No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
|     | <b>Declaration:</b> I hereby declare that the particulars furnished in this application form are correct to best of my knowledge and understanding. I have verified my eligibility to apply against the category to which I am entitled. In case of incomplete information, I understand that my candidature is likely to be cancelled and in case any information is found to be incorrect or false, at any stage, my candidature / admission shall be cancelled. I further do abide the provision of the Act and Rules made there under or any directions / Instructions of the Headquarters Office. I hereby authorize Administration for On-line registration of my candidature for SAS Main Examination-II 2025. |                                                                     |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Signature of Candidate</b>                                       |
| 30. | Remarks of Asstt. Audit Officer In charge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
| 31. | Whether the official is regular in attendance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |
|     | Character                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |
|     | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |
|     | Energy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 32. | Aptitude for official work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
| 33. | Prospects for passing the Examination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |
| 34. | <b>Place:</b><br><b>Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Signature of Asstt. Audit Officer</b><br><br><b>Name :</b> _____ |
| 35. | Remarks of the Branch Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Signature of the Branch Officer</b><br><br><b>Name:</b> _____    |

**Note: - All the candidates are required to attach copy of PAN Card with this application .**